STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265258	A. Building B. Wing	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belleview Valley Nursing Home	23144 Highway 32 Belleview, MO 63623

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store and distribute food under sanitary conditions, increasing the risk of cross-contamination and food-borne illness. This had the potential to affect all residents. The facility census was 81.The facility did not provide a dietary cleaning rotation or food storage policy. 1. Observations on 12/03/25 at 10:35 A.M., 12/04/25 at 3:01 P.M., and 12/08/25 at 3:07 P.M., of the kitchen showed:- The commercial dishwasher exterior with flaky white grime build-up and scattered debris on the floor beneath;- The floor below the reach-in freezer, reach-in refrigerator, range, and the food preparation counter with scattered debris, oily film, and brown grime;- The microwave oven interior with food debris build-up along the top and side surfaces;- Three 12-inch (in.) diameter ceiling diffusers (one of the few visible parts of an air conditioning system) with dust buildup and a brown substance on the front exterior surface and in between the ventilation louvers;- Two approximate 24 in. x 24 in. ceiling diffusers with dust buildup and a brown substance on the front exterior surface and in between the ventilation louvers;- A window mounted air conditioning unit with black grime and dust buildup above the dishwashing area counter;- The ice machine with a white grime build-up on the exterior surfaces and interior plastic surface, ventilation louvers with a brown substance, plastic drain line with black grime build up, no air gap, and scattered debris and insulation on the floor beneath;- The commercial style can opener with a worn cutting blade with an oily film and a black grime buildup;- The floor and plumbing pipes below the dishwashing area counters and three-compartment sinks with scattered debris, an oily film, and brown grime build-up;- Four connected ceiling lights over the food preparation areas with broken fluorescent light fixture covers and bug debris; - No cleaning log. 2. Observations on 12/03/25 at 10:38 A.M., 12/04/25 at 3:06 P.M., and 12/08/25 at 3:07 P.M., of the dry food storage area showed:- Scattered food debris on the floor, along the walls below the food shelves, and behind the chest-type freezer;- Wooden shelving surfaces with scattered food debris and rodent droppings. 3. Observation on 12/03/25 at 10:36 A.M., of the rear kitchen exit area showed:- The floor below the reach-in freezer with scattered debris; - A chest-type freezer with 1 in. frost build-up along the interior walls;- An upright freezer near the exit with 1 in. frost build-up along the shelves and a discolored, non-intact door gasket. During an interview on 12/03/25 at 10:36 A.M., the Dietary Manager (DM) said rodent droppings were a concern on the shelving and live mice were often seen in the kitchen and dining area. He/she normally completed the deep cleaning in the kitchen and storage areas. Cleaning logs were not currently being utilized. There were rodent glue traps and bait stations being used, maintenance was aware of the concern, and the facility had a pest control company for service. During an interview on 12/04/25 at 3:01 P.M., Dietary Aide (DA) R said he/she had seen mice in the kitchen area and had cleaned up rodent droppings from the shelves and the floor in the past. During an interview on 12/04/25 at 3:05 P.M., Dietary Aide (DA) S said he/she had seen mice in the kitchen area and it was not uncommon. He/she had cleaned up rodent droppings from the shelves and the floor in the past. During an interview on 12/08/25 at 2:39 P.M., the Maintenance Director said he/she had just recently restocked the rodent glue traps in the kitchen and about two weeks ago, traps were placed in the dry storage and in the kitchen cooking area. He/she hadn't checked the dry storage, but (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	was told there were mice. He/she hadn't checked the ceiling vents in a while, and they were probably dirty. The ice machine should be checked to ensure the air vents were clean. Normally the drain for the ice machine was not cleaned, but it should be put on the list for the Maintenance Assistant to complete. The floor below the ice machine should be clean and it looked like insulation had fallen onto the floor. During an interview on 12/08/25 at 3:08 P.M., Dietary Aide (DA) T said he/she cleaned but did not use a cleaning log. He/she had noticed mice in the dry storage room and had not seen them in the kitchen that much. The DM was notified if he/she saw droppings on the shelves or when sweeping. The can opener was wiped clean once a day or as needed. The microwave was cleaned when it was bad but not every time it was used. During an interview on 12/08/25 at 3:20 P.M., the Administrator said the food storage shelves in the dry storage should not have mouse droppings, but they had built back up since last week. There were rodent glue traps down inside and bait traps were outside of the facility. The microwave and appliances should be kept clean. The light fixtures in the kitchen should be intact, clean, and bug free. The ceiling vents and ice machine parts should be kept clean.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a safe, clean, and comfortable homelike environment. The facility census was 81.The facility did not provide a maintenance policy. 1. Observation of the bathroom door in room [ROOM NUMBER] on 12/03/25 at 10:49 A.M., showed a 6 inch (in.) by 3 in. hole. During an interview on 12/03/25 at 10:49 A.M., the resident in room [ROOM NUMBER] said the hole in the bathroom door had been there since he/she moved into the room about three months ago. He/She spoke with the Maintenance Director about his/her concerns with the room because it was frustrating. 2. Observations on 12/08/25 at 9:30 A.M. and 3:45 P.M., showed:- The A hall dining room area wooden food service counter behind the steam table with an approximate 2 foot (ft.) by 6 in. non-intact section along the floor without a baseboard;- The A hall dining room area metal food and drink service counter near the ice machine with an approximate 6 ft. by 6 in. scraped front section near the floor; - The front office conference room across from the restroom with a 1 in. diameter hole in the wooden baseboard area near the door. 3. Observation on 12/08/25 at 11:35 A.M., of the A Hall men's shower/restroom furthest from the nurse's station showed:- The left sink leaked water under the sink into a bucket while water flowed from the faucet;- The right sink filled with water when the left sink faucet was turned on;- Two soiled towels, two cans of shaving cream, and a foam cup under the shelf on the floor;- The right-side toilet stall with discolored water stood around the toilet on the floor; - A golf ball sized clump of hair on the floor under the shelf next to the wall of the stall behind the door entrance;- The entire shower room floor with a sticky film build-up and scattered debris;- The shower room with an unidentifiable musty odor noticeable before entering the room. 4. Observation on 12/08/25 at 11:50 A.M., of the A Hall men's shower room closest to the nurse's station showed:- The right sink with several pieces of hair in it;- The right sink drained very slowly and the water almost ran over the side of sink when the water was turned on;- The entire shower room floor with a sticky film build-up and scattered debris. During an interview on 12/08/25 at 3:05 P.M., a resident in room [ROOM NUMBER] said both of the men's shower and bathroom area floors were wet, sticky, and dirty. The sinks did not drain and there was a bad smell. 5. Observation on 12/08/25 at 12:05 P.M., of the C Hall shower room and restroom showed:- The shower room stall with a buildup of a black substance around the bottom of the shower walls near the floor in the shower. Review of the facility's Maintenance Request Log showed:- No documentation of maintenance requests regarding the concerned areas. During an interview on 12/08/25 at 12:35 P.M., the Housekeeping Manager said he/she would expect all shower and restroom areas in the facility to be clean. The housekeeping staff had been instructed to clean each shower and restroom area twice daily and as needed during the day. It was very difficult to keep the men's restroom clean with towels and clothes being thrown on the floor. The smell in the A Hall A men's shower and restroom furthest from the nurse's station was due to the leak to the left sink and the backflow to the right sink. During an interview on 12/08/25 at 12:43 P.M., Housekeeper L said he/she cleaned each shower and bathroom that was assigned to him/her twice per shift and as needed. During an interview on 12/08/25 at 12:45 P.M., Housekeeper M and Housekeeper N said they cleaned all shower and bathroom areas at least twice daily per shift. They cleaned more on the A Hall due to water, urine, and clothing found on the floor very often during the day. During an interview on 12/08/25 at 2:35 P.M., the Maintenance Director said both men's shower and restroom areas smelled bad. The sinks needed to be raised above the piping to prevent backflow in both men's shower and bathroom areas. The dining room counters should not have damaged wood and scraped paint. There should not be a mouse hole in the floor of the front office conference room. Staff should fill out a maintenance form for issues they see with the building. During an interview on 12/08/25 at 3:20 P.M., the Dietary Manager said the paint should not be scraped on the front of the drink counter and it should be repaired. The (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	wooden counter near the steam table should be intact. During an interview on 12/08/25 at 3:25 P.M., the Administrator said residents may have scraped the paint on the metal drink counter in the dining area. The dining area food counters should be kept in good repair and there should not be a hole in the wall in the front office conference room.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, interview, and record review, the facility failed to ensure services provided met professional standards of practice when physician orders were not followed for two residents (Residents #1 and #70) out of 18 sampled residents. The facility's census was 81.The facility did not provide a policy on following physician's orders. 1. Review of Resident #1's Physician Order Sheet (POS), dated 12/08/25, showed:- An order for a urinalysis (UA - a group of laboratory tests to examine urine) with a culture and sensitivity (C&S - a laboratory test that identifies germs causing an infection and which antibiotics will be most effective against them) one time only for burning, urgency and frequency for three days. Please complete nurses note when obtained, dated 11/20/25, and completed on 11/24/2025;- An order for Macrobid (an antibiotic) 100 milligrams (mg) by mouth two times a day for urgency, frequency and burning, for 14 days. Notify provider when UA results are obtained, dated 11/20/2025, and completed on 12/04/25. Review of the resident's Progress Notes showed:- On 11/20/25, a new order was obtained for Macrobid 100 mg two times a day x 14 days for signs and symptoms of a urinary tract infection (UTI). An order was obtained for a UA on 11/24/25;- On 11/21/25, the resident started Macrobid for UTI symptoms;- No documentation of U/A and C&S obtained and provider notified with results per the physician orders. Review of the resident's medical record showed:- No laboratory results for the UA with C&S ordered on 11/20/25;- No documentation the physician was notified of the UA with C&S results ordered on 11/20/25. Review of the facility's Infection/Antibiotic Tracking Log, dated November 2025, showed:- On 11/20/25, Resident #1 with a UTI. Signs and symptoms: dysuria (pain, burning, or discomfort during urination), frequency, urgency, incontinence, and decreased pulse oximeter (a medical device that measures the oxygen level in the blood) reading. Antibiotic and dose: Macrobid 100 mg twice a day x 14 days. No antibiotic change. During an interview on 12/04/25 at 8:37 A.M., Resident #1 said he/she was taking antibiotics for a bladder infection. During an interview on 12/04/05 at 3:36 P.M., the Director of Nursing (DON) said the nursing staff drew labs on the resident, but did not perform the UA with C&S as ordered on 11/20/25, prior to starting the antibiotics on 11/20/25. No other UA with C&S was ever performed as ordered after starting the antibiotic. 2. Review of Resident #70's POS, dated 12/08/25, showed:- Diagnoses of schizoaffective disorder (a condition characterized by abnormal thought processes and deregulated emotions) and methicillin resistant staphylococcus aureus infection (MRSA - an infection caused by a type of bacteria that's become resistant to many of the antibiotics);- An order to mix 1 tablespoon (tbsp) of vinegar to 8 ounces (oz) of water, soak gauze in the solution, and apply to the wound for 20 minutes, dry with gauze every day and night shift of the open area, dated 09/20/25;- An order for Benzac AC Wash External Liquid (a topical medication) to apply to the scalp topically one time a day for open areas, dated 09/19/25. Review of the resident's Treatment Administration Record (TAR), dated September 2025, showed: - The Benzac AC Wash External Liquid to apply to the scalp topically one time a day for open areas treatment, dated 09/20/25, with eight out of ten missed opportunities;- The mix 1 tbsp vinegar to 8 oz water, soak gauze in the solution and apply to the wound for 20 minutes, dry with gauze, two times a day for open areas treatment, dated 09/19/25, and discontinued on 09/20/25, with two out of two missed opportunities;- The mix 1 tbsp vinegar to 8 oz water, soak gauze in the solution and apply to the wound for 20 minutes, dry with gauze, every day and night shift for open area treatment, dated 09/20/25, with two out of 21 missed opportunities. Review of the resident's TAR, dated October 2025, showed:- The Benzac AC Wash External Liquid to apply to the scalp topically one time a day for open areas treatment, dated 09/20/25, with 23 out of 31 missed opportunities;- The mix 1 tbsp vinegar to 8 oz water, soak gauze in the solution and apply to the wound for 20 minutes, dry with gauze, every day and night shift for open area treatment, dated 09/20/25, with nine out of 62 missed opportunities. Review of the resident's TAR, dated November 2025, showed:- The Benzac AC Wash External Liquid to apply to the scalp topically one time a day for open areas treatment, dated 09/20/25, with 24 out of 30 missed opportunities. Review of the (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident's TAR, dated December 2025 through December 7, 2025, showed:- The Benzac AC Wash External Liquid to apply to the scalp topically one time a day for open areas treatment, dated 09/20/25, with six out of seven missed opportunities. During an interview on 12/03/25 at 11:40 A.M., Resident #70 said the wound on the top of his/her scalp should be healed, but some nurses did the treatment and others didn't. The nurses said the resident needed to ask for the treatment to be done. He/she should not have to ask for the staff to come do the treatment since the physician gave the order and the nurses should follow the order. During an interview on 12/08/25 at 3:52 P.M., the DON said she expects treatments to be completed as ordered and within the time frame it was ordered to be completed. During an interview on 12/08/25 at 4:14 P.M., the Administrator said physician orders should be followed. The DON was expected to ensure physician orders were being followed.

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F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly Based on interview and record review, the facility failed to maintain quarterly Quality Assessment and Assurance/Quality Assurance and Improvement Program (QAA/QAPI - a written plan containing the process that will guide the facility's efforts in assuring care and services are maintained at acceptable levels of performance and continually improved) committee meetings with the required members. The facility census was 81. Review of the facility's policy titled Quality Assurance and Improvement Program (QAPI), dated 05/31/24, showed:- The primary purpose of the QAPI program is to establish data-driven, facility-wide processes that improve the quality of care, quality of life, and clinical outcomes of our residents;- Members of facility management are accountable for QAPI efforts;- The QAPI Committee will include at minimum: the Administrator, Director of Nursing, Medical Director, Activities Director, Social Services Director, Dietary Manager, Housekeeping and Laundry Supervisor, Maintenance Director, additional facility staff, and contracted staff including Pharmacy Consultant, Dietician, and Rehabilitation Director;- The committee shall maintain minutes of all regular and special meetings that include at least the following: the date committee met, start and adjourned time, and the names of the members present and absent;- The policy did not address the requirement of the Infection Preventionist (IP) as a committee member. Review of the facility's QAA/QAPI showed:- No documentation the facility maintained the minimum required quarterly QAA/QAPI meetings with the required members. During an interview on 12/08/25 at 3:08 P.M., the Administrator said the last QAA/QAPI meeting was sometime in October 2025, but she did not have the minutes or the sign in sheet for the meeting. The meetings should be held at least quarterly. She didn't have records of previous QAA/QAPI meetings prior to her becoming the Administrator.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement enhanced barrier precautions (EBP) and follow appropriate infection control practices with hand hygiene and glove changes, when staff performed wound care for one resident (Resident #70) out of two sampled residents, during incontinent and oxygen care for two residents (Residents #5 and #17) out of two sampled residents, catheter care for two residents (Residents #3 and #74) out of two sampled residents, and hand hygiene during medication administration for two residents (Residents #46 and #73) out of seven opportunities. The facility also failed to correctly screen three residents (Residents #34, #70, and #74) for tuberculosis (TB - an infectious disease characterized by the growth of nodules in the tissues, especially the lungs) out of five sampled residents as required by state regulation 19 CSR 20-20.100. The facility failed to establish and maintain an infection prevention and control program (IPCP) that identified a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, and other individuals providing services. The facility census was 81. Review of the facility's policy titled, Urinary Catheter Care, undated, showed: - Nursing assistants always wash your hands before and after handling the catheter, tube, or bag, and wear gloves following standard precautions for infection control; - To empty the catheter bag, place a large plastic container or graduated cylinder (a container with a scale used to measure liquid) on the floor beneath the bag, remove the drain spout from its sleeve at the bottom of the catheter bag without touching its tip, open the slide valve on the spout, and let the urine flow out of the bag into the container; - Do not let the drain tube touch anything. Review of the facility's policy titled, Oxygen, undated, showed: - Did not address contamination of the nasal cannula. Review of the facility's policy titled, Medication Administration, undated, showed: - Did not address performing hand hygiene between each resident during a medication pass or not touching the medications with bare hands. Review of the facility's policy titled, Incontinence Care, undated showed: - Wear gloves when providing peri care or changing briefs or pads; - Did not address hand hygiene during care. Review of the facility's policy, Enhanced Barrier Precautions (EBP) Policy and Procedure, dated August 2024, showed: - This facility's policy is to implement EBP for preventing transmission of multidrug-resistant organisms (MDRO's); (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- EBP are an infection control intervention designed to reduce transmission of MDROs in nursing homes. EBP involve gown and glove use during high-contract resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO (residents with wounds or indwelling medical devices); - High-contact resident activities include dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use (urinary catheter), and wound care; - Infection Preventionist periodically monitors and assesses the adherence to the precautions and determines the need for additional training and education. Review of the facility's policy titled Tuberculosis Testing, Mantoux (refers to the technique for administering the test), Purified Protein Derivative (PPD), undated, showed: - All residents will be tested for TB upon admission, and annually; - The Charge Nurse will maintain a TB Testing Log of all residents on the unit that includes date test administered for present year, date test read, and results. 1. Observation on 12/04/25 at 8:57 A.M. of incontinent care and gait belt transfer of Resident #5 showed: - Certified Nursing Assistant (CNA) I and Licensed Practical Nurse (LPN) U entered room, did not perform hand hygiene, and put on gloves; - CNA I and LPN U placed a gait belt around the resident and assisted him/her to transfer to the bed side commode (BSC); - CNA I and LPN U lowered the resident's pants and brief. CNA I touched the inside area of the urine saturated brief, removed brief and placed in trash can, did not perform hand hygiene, and changed gloves; - LPN U removed gloves, did not perform hand hygiene, exited the room and walked to the nurses' station; - CNA V entered the room, did not perform hand hygiene, put on gloves, removed resident's shoes and pants, put clean brief on resident, and placed pants in a trash bag; - CNA I retrieved clean pants from the resident's closet, put pants and shoes on the resident, removed gloves, touched bathroom doorknob, disposed of gloves in bathroom trash, did not perform hand hygiene, and put on clean gloves; - Both CNAs assisted the resident to stand; - CNA V used a wipe to clean the resident's buttocks, did not clean front peri area or groin, and did not change gloves or perform hand hygiene; - With the same soiled gloves, CNA V assisted CNA I to pull clean brief and pants up into place, and (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	assisted the resident to bed; - CNA V removed gloves, touched bathroom doorknob, tossed soiled gloves into bathroom trash, removed trash bags with trash and soiled items from the room, walked to soiled utility, opened lock, disposed of trash bags in appropriate containers, exited and locked soiled utility, and washed hands in the bathroom at the nurses' station; - CNA I removed gait belt from resident, assisted the resident to lay in bed, touched blanket, removed gloves in bathroom trash, and washed hands. During a phone interview on 12/10/25 at 4:53 P.M., CNA V said hands should be washed before putting on gloves and when gloves are taken off. Hands should be washed when visibly soiled, and gloves should be changed and hands washed when gloves are visibly soiled. Wash or sanitize hands between each resident, when entering a room, and before leaving the room. During incontinent care, use a wipe to clean the bottom, and the front peri area, and groin. During a phone interview on 12/10/25 at 4:57 P.M., LPN U said sanitize hands three times before hand hygiene, when going into a resident's room, perform hand hygiene. Put on gloves when you will come in contact with bodily fluids. Perform hand hygiene and change gloves when visibly soiled and perform hand hygiene upon exiting the room. During a phone interview on 12/10/25 at 5:08 P.M., CNA U said perform hand hygiene as soon as you go into a resident room and put on gloves. Perform hand hygiene and change gloves after transferring a resident, between dirty and clean task, and perform hand hygiene upon exit. When performing incontinent care, clean front to back, the resident's front area and groin should also be cleaned if the resident's brief was wet. 2. Review of Resident #3's medical record showed: - Diagnosis of neurogenic bladder disorder (a condition where nerve damage causes urinary leaking or retention). Review of the resident's Physician Order Sheet (POS), dated December 2025, showed: - An order to change the suprapubic catheter (a flexible tube draining urine from the bladder through a small opening in the lower abdomen) monthly, on the 10th of the month, dated 10/23/25. Observation of the resident's mechanical lift transfer on 12/05/25 at 9:35 A.M. showed: - EBP signage on door; - CNA P put on gloves, did not sanitize hands or put on gown; - CNA P kneeled on the floor, touching the floor with his/her pants, and emptied the urinary catheter into a urinal; - CNA P removed gloves and sanitized hands; - CNA E put on gloves, did not sanitize hands or put on gown; (continued on next page)

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Belleview Valley Nursing Home	23144 Highway 32 Belleview, MO 63623

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- CNA E removed blanket and placed socks and pants on the resident; - CNA E and P rolled the resident from side to side to place a mechanical lift sling, leaning against the bed, and touching the resident with bare forearms; - CNA P removed gloves, sanitized hands, left room, and obtained mechanical lift from the shower room; - CNA P did not put on gown or gloves or perform hand hygiene; - CNA P transferred the resident via mechanical lift without a gown or gloves; - CNA E transferred the resident via mechanical lift without a gown; - CNA E and P leaned the resident forward in wheelchair and placed a shirt on him/her; - CNA E removed gloves, did not sanitize hands or put on gloves, and brushed the resident's hair, - CNA E applied pressure relieving boot with bare hands; - CNA E left the room with dirty linens; - CNA P washed hands and left the room. During an interview on 12/05/25 at 2:23 P.M., CNA P said nurses use EBP, they have to gown up and stuff like that. During an interview on 12/05/25 at 2:27 P.M., LPN Q said staff should wear a gown and gloves during care and transferring residents that require EBP. During an interview on 12/08/2025 at 3:23 P.M., the Director of Nursing (DON) said she would expect staff to use EBP for residents who require it during high contact activities. 3. Review of Resident #17's medical record showed: - admitted on [DATE]; - Diagnosis of unspecified asthma with acute exacerbation, (a chronic (long-term) condition that affects the airways in the lungs.) Review of the resident's POS, dated December 2025, showed: - An order for continuous oxygen at 2-4 liters per minute (lpm) per nasal cannula (medical tubing with two prongs that fit into the nostrils to deliver supplemental oxygen or increased airflow from an oxygen device). Observations of the resident on 12/05/25 showed: - At 9:47 A.M., staff propelled the resident in wheelchair out of room, nasal cannula lay in the floor (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	near the resident's bed; - At 11:00 A.M., call light on, resident in restroom, and his/her nasal cannula lay in the floor near his/her bed. CNA E entered the room, did not perform hand hygiene, did not put on gloves, assisted resident in restroom, did not perform hand hygiene, touched linens on the resident's bed, picked up the nasal cannula from floor and placed it in the resident's nares. CNA E exited the room, entered soiled utility, did not perform hand hygiene, retrieved a clean trash bag and returned to the resident's room, placed bag in trash can, exited room, did not perform hand hygiene, walked down the hall and entered another resident's room. Observation on 12/08/25 at 11:35 A.M. showed LPN B entered the room, did not perform hand hygiene, picked up the resident's nasal cannula from the floor and draped it across the resident's bedside table within reach of the resident in wheelchair and said it needs to be sanitized. During an interview on 12/05/25 at 2:28 P.M., CNA E said normally he/she uses hand sanitizer before entering a resident's room. He/she said throughout the day, sanitizer is used randomly and once exited from a resident's room. Normally, gloves are used while in a resident's room. When an oxygen cannula is found on the floor and is visibly dirty, it will be replaced before placing it back on the resident. The floor should be clean if everybody is doing their job. The cannula can be placed back on the resident without changing it for a new one if it is not visibly dirty. During an interview on 12/08/25 at 3:52 P.M., the DON said oxygen tubing and the nasal cannula should be stored in a bag on the concentrator. The nasal cannula should not be retrieved from the floor and placed on a resident. It should be thrown away and replaced with a new one. Oxygen tubing should not be sanitized. 4. Observation of Certified Medication Technician (CMT) D performing medication administration on 10/08/25 at 7:55 A.M. showed: - CMT D administered medications in applesauce to Resident #24; - CMT D did not perform hand hygiene; - CMT D placed Resident #46 's medication in a cup and administered the medications to the resident; - CMT D did not perform hand hygiene; - CMT D popped Resident's #73's Lorazepam (an anti-anxiety medication) tablet into his/her bare hand and placed it into a medication cup; - CMT D poured a Sodium Chloride tablet into the lid and used one finger to guide the tablet from the lid into the medication cup, touching the tablet; - CMT D finished putting Resident #73's medications into the medication cup and administered the medications to the resident; - CMT D did not perform hand hygiene afterwards. During an interview on 12/08/25 at 3:20 P.M., CMT D said a person should sanitize hands between (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	residents when passing medications and shouldn't touch pills with their bare hands. 5. Review of Resident #74's medical record showed: - Diagnosis of benign prostatic hyperplasia (BPH – an enlargement of the prostate causing difficulty in urination). Review of the resident's POS, dated December 2025, showed: - An order to change the indwelling catheter once a month on night shift every 30 days, dated 12/01/25, with a due date of 12/24/25. Observation on 12/08/25 at 9:15 A.M. of the resident's catheter care showed: - EBP signage on door; - LPN C put on gown and gloves, and did not sanitize hands; - LPN C picked up the urinal, removed the catheter from privacy bag and hooked to the resident's wheelchair; - LPN C unfastened catheter drainage bag spout (the bottom of the drainage bag where urine is emptied from), cleaned end with alcohol swab, and placed inside urinal, touching the side of the urinal with spout; - LPN C unhooked the catheter drainage bag from wheelchair holding it with one hand, and with the other hand, placed the urinal on the floor, touching the spout to the side of the urinal again; - LPN C emptied the urinary catheter bag and cleansed the spout with alcohol pad; - LPN C replaced spout and placed catheter drainage bag into privacy bag; - LPN C emptied urinal in the resident's restroom and placed on the side of the trash can without sanitizing and removed gloves and gown; - LPN C pushed his/her glasses up with bare hands and washed his/her hands. Observation on 12/08/25 at 9:35 A.M. of the resident's catheter care showed: - EBP signage on door; - CNA A washed hands, put on gloves, and did not put on a gown; - CNA A unfastened the resident's brief and placed wipes on bedside table; - CNA A cleaned the catheter from insertion point down twice with different wipe each time; - CNA A did not perform hand hygiene or change gloves; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- With the same gloves, CNA A touched the clean catheter and refastened the brief; - CNA A removed gloves and washed hands. During an interview on 12/08/25 at 3:50 P.M., CNA A and LPN C said EBP should be worn during any care for residents that have catheters or wounds. CNA A said he/she didn't gown when doing catheter care, but should have. Privacy bag should be on catheter when there's a visitor in their room or when they are outside their room. LPN B said there should be a clean barrier placed between the supplies and the surface. Anything brought in should be disinfected. During an interview on 12/08/25 at 3:58 P.M., LPN B said when doing treatments, a barrier should be used between supplies to ensure a clean surface. Then anything taken in the room that's brought out should be washed with the alcohol wipes. 6. Observation on 12/08/25 at 11:39 A.M. of wound care for Resident #70 showed: - No EBP signage on door; - LPN B sanitized hands, put on gloves, did not put on a gown, and rolled treatment cart into the resident's room; - LPN B prepared treatment on top of cart, touched sink faucet to add water to cup of solution, did not change gloves, and did not perform hand hygiene; - With the same gloves, LPN B removed 4-inch x 4-inch (in.) gauze from multi-pack, saturated gauze with treatment solution, squeezed out excess fluid, and placed in second cup; - With the same gloves, LPN B placed gauze wet with treatment solution on resident wounds to soak as ordered, removed gloves, rolled treatment cart out of room into hall, placed multipack of gauze in drawer of cart, sanitized hands, and did not clean treatment cart; - At 12:05 P.M., LPN B returned to room, sanitized hands, put on gloves, did not put on gown, entered room with treatment items including ointment in large resealable plastic bag, a multipack of 4-in. x 4-in. gauze, and placed items on top of the resident's mini-fridge in room, and did not place clean barrier or clean surface; - LPN B removed solution-soaked gauze from resident's wound areas, changed gloves, and did not perform hand hygiene; - LPN B removed 3 gauzes from multipack, dried wound area to top of head with one gauze, used second gauze to dry wound area above right temple, removed glove over soiled gauze, placed in trash can, sanitized hands, and put on clean gloves; - LPN B removed ointment from bag, added to small medicine cup, used cotton tip applicator to apply ointment to wound, dipped applicator back in cup, and applied again to first wound; - LPN B used second applicator, dipped into cup with ointment, applied ointment to second wound area, disposed of items in trash can, removed gloves, sanitized hands, picked up resealable plastic bag with ointment and gauze multipack, exited room and placed items on top of cart, then placed (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	items in appropriate drawers in cart, and did not clean packages prior to placement in cart. Review of the Division of Community and Public Health, Section 2.0 Testing for Latent Tuberculosis Infection, revised May 2020, showed: - Interpretation of Tuberculin Skin Test (TST) reactions should be conducted within 48 to 72 hours after administration by a trained health care professional. If the test is not read within the 48 to 72 hour window, it must be repeated. Patients or family members should not interpret or read TST results. 7. Review of Resident #34's medical record showed: - admitted on [DATE]; - TST step one, dated 10/10/25, with negative 0.0 millimeters (mm) and no read date; - TST step two, dated 10/24/25, with negative 0.0 mm and no read date. 8. Review of Resident #70's medical record showed: - admitted on [DATE]; - TST step one, dated 12/18/24, with negative 0.0 mm and no read date; - TST step two, dated 01/04/25, with negative 0.0 mm and no read date 9. Review of Resident #74's medical record showed: - admitted on [DATE]; - TST step one, dated 02/17/25, with negative 0.0 mm and no read date; -T ST step two, dated 03/03/25, with negative 0.0 mm and no read date. 10. No infection control binder provided for review. During an interview on 12/08/2025 at 3:15 P.M., the DON said they use the Mc Geers Criteria when assessing infections. She does not have an IPCP, she uses the infection control program on the electronic medical record to track infections and antibiotic use. During an interview on 12/08/25 at 12:15 P.M., LPN B said EBP should be used when someone has a wound or indwelling catheter, or something invasive. Staff should put on a gown with gloves when providing care. He/she should have put on a gown too. There should be a EBP sign on the door area, but the residents are decorating their doors for the holiday. Sometimes it is passed in report as reminders of who should have EBP, it has been talked about pretty heavily for a while. He/she probably should not have taken the treatment cart in the room, but it's hard to find an area to set supplies on in some resident's rooms. Items should be cleaned before going back into the cart. During an interview on 12/08/25 at 3:52 P.M., the DON said staff are to wear EBP, gown and gloves, (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	during high contact activities, including wound care. Hand hygiene and glove changes should be completed between dirty and clean task, and before and after care. Medication and treatment carts don't go into resident rooms. Supplies should be left in the room if taken in, a clean barrier should be placed before setting items down and wipe down the item with a cleaning wipe before placing them back into the cart. Residents and employees should receive a two step TST and once administered should be read within 48-72 hours. During an interview on 12/08/25 at 4:14 P.M., the Administrator said she would expect hand hygiene to be performed, and for staff to follow policy for wound care. The Administrator said she would expect TST to be administered and read per standards of practice and facility policy.

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F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to complete a significant change Minimum Data Set (MDS - a federally mandated assessment instrument required to be completed by facility staff) assessment within 14 days of admission to hospice services for one resident (Resident #5) out of two sampled residents. The facility census was 81.The facility did not provide a policy regarding the completion of significant change MDS assessments. 1. Review of Resident #5's medical record showed:- admitted to the facility on [DATE];- admitted to hospice services on 08/22/25. Review of the resident's significant change MDS, dated [DATE], showed: - Received hospice services;- The facility did not complete a significant change MDS within 14 days of the resident's admission to hospice. During an interview on 12/08/25 at 3:52 P.M., the Director of Nursing said a significant change MDS should be completed if a significant change with the resident lasted longer than two weeks, or if the resident was admitted to hospice. The significant change MDS should be completed within 14 days of the resident's change in condition. During an interview on 12/08/25 at 4:14 P.M., the Administrator said a significant change MDS should be completed within 14 days of a change in the resident's condition.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure urinary indwelling catheter (a tube inserted into the bladder to drain urine) tubing was maintained in the proper position and failed to cover the catheter drainage bag with a dignity bag for one resident (Resident #74) out of three sampled residents. The facility census was 81.Review of the facility's policy titled, Catheter Care, undated, showed:- Keep the bag below the level of the resident's bladder at all times;- Use a catheter bag cover to protect the resident's dignity;- The policy did not address proper positioning of the catheter tubing. Review of the facility's policy titled, Enhanced Barrier Precautions (EBP) Policy and Procedure, dated August 2024, showed:- EBP are an infection control intervention designed to reduce transmission of multidrug-resistant organisms in nursing homes;- High-contact resident activities include device care or the use of a urinary catheter;- Gowns and gloves will be available outside of the rooms. 1. Review of Resident #74's medical record showed: - admitted on [DATE];- Diagnosis of benign prostatic hyperplasia (BPH - an enlargement of the prostate causing difficulty in urination). Review of the resident's Physician Order Sheet (POS), dated December 2025, showed:- An order to change the indwelling catheter once a month on night shift every 30 days, dated 12/01/25, with a due date of 12/24/25. Observation on 12/03/25 at 10:20 A.M., showed the resident sat in a wheelchair in his/her room, the catheter drainage bag not covered with a dignity bag hung from the wheelchair, and the door open. Observation on 12/03/25 at 11:30 A.M., showed the resident sat in a wheelchair outside smoking with other residents and staff in the smoking area and the catheter drainage bag not covered with a dignity bag hung from the wheelchair. Observation on 12/04/25 at 8:00 A.M., showed the resident sat in a wheelchair in his/her room, the catheter drainage bag not covered with a dignity bag hung from the wheelchair, the door open, and another resident visited with him/her. Observation on 12/04/25 at 8:30 A.M., showed the resident was pushed in the hallway to the smoking area outside by staff and the catheter drainage bag not covered with a dignity bag hung from the wheelchair. Observation on 12/08/25 at 9:35 A.M., of the resident's catheter care showed:- EBP signage on the door;- Certified Nursing Assistant (CNA) A performed hand hygiene, put on gloves, and did not put on a gown;- CNA A performed the resident's catheter care;- CNA A positioned the clean catheter tubing through the top of the brief above the resident's bladder and fastened the brief;- CNA A did not position the catheter tubing below the level of the resident's bladder. During an interview on 12/08/25 at 3:50 P.M., CNA A and Licensed Practical Nurse (LPN) C said a dignity bag should be on a catheter drainage bag when there was a visitor in the resident's room or when the resident was outside their room. Catheters should not be sticking up and out of the brief, but below the bladder so gravity could help drain the bladder. During an interview on 12/08/25 at 3:45 P.M., the Director of Nursing said a catheter drainage bag should be covered in a dignity bag when outside the room or if the resident had visitors. The catheter tubing should never be placed out of the top of the brief, but downwards for the urine to flow down and away from the level of the bladder. During an interview on 12/08/25 at 4:20 P.M., the Administrator said she would expect staff to follow the policies and procedures to ensure proper catheter care including keeping the tubing below the level of the bladder and making sure the drainage bag was covered in a dignity bag.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide packed lunch/snacks for one resident (Resident #72) while at dialysis (a process for removing waste and excess water from the blood) center out of one sampled resident. The facility census was 81.The facility did not provide a policy for dialysis care. 1. Review of #72's medical record showed:- admitted on [DATE];- Diagnoses of chronic kidney disease stage 5 (kidneys have failed or are very close to failing, unable to filter waste and fluid effectively, requiring dialysis) and essential hypertension (high blood pressure);- Cognition intact. Review of the resident's Care Plan, revised 11/16/25, showed:- The resident needs dialysis related to kidney failure;- The resident receives dialysis three times per week on Tuesday, Thursday, and Saturday at the dialysis center. During an interview on 12/05/25 at 9:00 A.M., the resident said transportation took him/her to dialysis every Tuesday, Thursday, and Saturday morning around 6:00 A.M. He/she ate breakfast before leaving the facility and would not eat again until he/she returned from dialysis after lunch time in the afternoon. The facility didn't provide a lunch and/or a snack to take with him/her to dialysis since lunch was missed. During an interview on 12/05/25 at 9:25 A.M., Dietary Staff F said dietary staff made bag lunches with sandwiches, snacks, and a drink for residents that received dialysis or were away from the facility during lunch. Dietary staff took the bagged food to the A Hall refrigerator for nursing staff to provide to the residents prior to dialysis or any other scheduled appointments. During an interview on 12/05/25 at 10:14 A.M., the Director of Nursing (DON) said she would expect dialysis residents to be given a lunch bag with a sandwich and/or snacks while away from the facility during the lunch meal. During an interview on 12/05/25 at 10:27 A.M., Licensed Practical Nurse (LPN) H said he/she typically worked weekend days and had never seen nor provided a bagged lunch for the resident to take with him/her to dialysis. During an interview on 12/05/25 at 10:52 A.M., the Dietary Manger (DM) said he/she would expect residents to receive the bagged lunches prior to leaving the facility for dialysis or any other scheduled appointment. During an interview on 12/05/25 at 10:54 A.M., the DON and Administrator said if there wasn't a lunch bag ready, the nurses were to make the resident something from the kitchen or ask dietary staff for something before the resident left for dialysis. During an interview on 12/10/25 at 2:13 P.M., LPN G said there had been bagged lunch/snacks for the residents in the A Hall refrigerator but had not personally given a bagged lunch/snack to the resident prior to leaving the facility for dialysis. During an interview on 12/10/25 at 2:35 P.M., Dietary Staff R said he/she did make bagged lunches/snacks every morning for any resident that had a scheduled appointment and would be leaving the facility.